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Pruritus of the Genitals.

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You may remember that Plato in the *Phaedo* speaks of "pure" pleasures and "mixed" pleasures. The former were such as were not associated with pain at all, while the latter presupposed some inconvenience. In the category of "mixed pleasures," besides eating and drinking, which are preceded respectively by hunger and thirst, and many others, he puts scratching. Scratching presupposes the pain of itching, although scratching in itself may be delightful. I am not here to lecture on Plato or to improve upon him, but I want to say only that the scratching belonging to *Pruritus Vulvæ* is not a mixed pleasure at all, but an *unmixed evil*.

Pruritus of the genitals is such an annoying condition and therefore of such importance both to physician and patient that a careful study of it cannot be counted as a waste of time.

Pruritus of the *vulvæ* is not a disease *per se*, but a symptom which may accompany several quite different affections. It may come from diseases of the vulva and vagina, the uterus, the uterine appendages, the urethra, the bladder, the kidneys, the rectum, or from certain systemic diseases. In many cases the itching is due to local anatomical changes. An erythema of the vestibule, together with an intense itching may be caused by acrid discharges coming from the uterus or vagina, or by the irritation from diabetic urine; or again, in patients whose skin is naturally irritable it may occur as a result of incontinence, though the urine may be normal.

It is to be insisted, however, that pruritus may occur in

*Read before The Cleveland Society of Medical Sciences, May, 1895.



cases of inflammation of the uterus or vagina without the presence of any irritating discharge.

Not infrequently pruritus is the first sign of an incipient carcinoma of the vulva. In other cases again, it may be due to obstructed and enlarged sebaceous follicles on the inner surface of the vestibule; at other times again at the place where the itching is most intense, scars will be found either in or near the vestibule. Pruritus sometimes occurs in pregnancy.

Parasites, more especially the pediculus pubis if neglected, may give rise to this annoying symptom, and sometimes especially in children, the presence of worms in the vagina, which have come from the rectum will account for the patient's distress.

Masturbation may either precede as a cause, or follow as an effect of pruritus. In many cases, a vicious circle is formed, and the masturbation which has been caused by the pruritus in turn increases the latter, besides leading to other severe nervous symptoms.

The systemic diseases by which pruritus is sometimes a symptom, are diabetes, lithæmia, and various neuroses.

Pruritus sometimes occurs at the menstrual period, but much more frequently just about the time of the menopause, and in the latter case may be due to atrophic changes which have taken place in the vulva, and to the increased nervous irritability of the patient.

Symptoms.—The cases vary much in intensity. Sometimes a mild burning is complained of; sometimes a tickling, while at other times, in the more severe cases the patient complains of a burning and itching which is worse than that encountered in the severe eczematous affections elsewhere in the body.

In these cases, transient relief is found only by scratching, and the patient often secludes herself in order that she may obtain this comfort, unsatisfactory as it is. At times, the condition amounts to one of real agony, and

so much does it affect the nervous system that not infrequently the woman falls into a condition of profound melancholia.

Treatment.—In treating a case of pruritus, the main thing is to discover the cause. But even when this has been found, we are sometimes powerless to relieve the condition. Suppose that we find an endometritis with purulent leucorrhœa, this should be at once attended to, since with its removal, the pruritus may also disappear. If we have to deal with a neoplasm, with an acne, or more especially with cicatrices in the vulva, some cutting operation is more likely to bring relief than any other procedure.

Unfortunately the patient hardly ever comes to us at the very beginning, and it is often impossible to be certain how much of the excoriation is due to the underlying cause, and how much is due to a dermatitis caused by the frantic efforts of the patient who has sought some, although only temporary, relief by scratching.

The removal of acne pustules covering the mucous membrane of the vestibule was followed in several cases, reported by Küstner, by the disappearance of the most obstinate pruritus.

Frederick and Wilshire hold that the disease generally has a parasitic origin and would treat it with the various parasiticides.

When a woman comes to us complaining of pruritus, it may at first be allowable to give some one of the many washes so highly recommended for this condition, but as a rule the affection will not be cured in this way, and if the symptoms are not at once alleviated, an examination should always be insisted upon.

We shall examine then (1) the external genitals for skin eruptions. In doing this, it will be well to obtain scrapings and examine them with the microscope for parasites. (2) We next examine the cervix for signs of leucorrhœa and inform ourselves of the general condition of

the uterus and appendages. (3) An examination should be made per rectum; and (4) the chemical and microscopical examination of the urine should never be omitted.

The presence of enlarged sebaceous glands or any signs of malignant disease should be carefully looked for. The urine as we have said should be examined more particularly for albumen and sugar, and also microscopically. Hemorrhoids or fissures of the anus should be treated and the vulva should be kept free from all irritating discharges. The general health of the patient should never be forgotten.

When the vulva is dry too frequent bathing should be avoided and the surface should be kept moist, being treated not with evaporating lotions, but with ointments. Suppositories containing codeia or opium and hyoscyamus at night will often give the patient relief, since all the symptoms are aggravated when the patient gets warm in bed.

The name of the various external applications for pruritus is legion. You will find (and this is not an original remark) that whenever you have a long list of infallible remedies for any one morbid condition, that some of them or perhaps all of them, will disappoint you nine times out of ten if not ninety-nine times out of a hundred.

Zweifel used to say in his lectures that nothing was any good except a two per cent. solution of nitrate of silver; this has sometimes disappointed me. Ointments containing from two to ten per cent. of salicylic acid are sometimes effective. An application of a mixture of a drachm of chloroform to an ounce of olive oil will occasionally do some good, and sometimes none at all. A two per cent. solution of carbolic acid, the ordinary lead and opium lotion, a solution of the acetate of morphia (two grains to the ounce) often give relief for a time. But when the exciting cause cannot be removed, the treatment is of necessity empirical and too often unsatisfactory.

The most popular internal remedies are bromide of potassium, especially at night, and some form of belladonna,

both of these drugs tending to decrease irritation of the peripheral nerves.

Some time ago, Küstner and Schröder began to try excision of the affected area, and in obstinate cases this has in their hands often proved successful.

I do not think that when we have tried everything else we should shrink from a cutting operation, because the bad effects of the disease upon the patient and the agony which she goes through, justifies the employment of heroic measures.

In his book published in 1893, Küstner gives only three instances all of which, however, were ultimately successful.

In the first case, the patient had an endometritis which was cured without however, any alleviation of the pruritus. Küstner then removed a portion of the mucous membrane, which was crowded with small retention cysts, and for three years afterwards, at any rate, the patient was free from pruritus, although she still suffered to a certain extent from endometritis. Another similar operation which he quotes was quite as successful.

In a third case in which the patient complained of pruritus, the vaginal portion of the cervix was found much enlarged. Küstner amputated it and found that the enlargement was due to retention cysts there being no signs of carcinoma.

After the operation, the pruritus continued to be as severe as before. A further examination brought to light an old defect of the perineum due to a previous labor. A perineorrhaphy was undertaken, the whitish part of the mucous membrane which had been the seat of the irritation, was removed and the patient was cured.

The following case, from Dr. Kelly's clinic at the Johns Hopkins Hospital, is interesting in this connection.

Mrs. A. E., married, aged 57, was admitted to the Gynæcological Ward, Oct. 12, 1894, complaining of pain and itching in the vagina. She had born no children but

had had one miscarriage at the age of thirty-two. Menopause between fifty-five and fifty-six. The family and personal history contained nothing of importance. The present illness began twenty years ago. At periods suffered from itching and a burning which lasted one or two days, beginning the day before the appearance of the flow. For about three years, the suffering has been constant; little blebs and blisters would form in the vagina and on the vulva; when these would break the resulting raw surface hardly ever healed and would exude a quantity of pus; the eruption does not extend to the thighs or loins. The general condition of the patient on admission was good. The urine was negative. To relieve the pruritus, the excision of the diseased area including the mucous surface of the labia majora, the clitoris and labia minora was decided upon. The area having been outlined with a knife, the whole thickness of the mucosa was removed; the removal was from above downwards, the flap being turned down and gentle traction being made upon it as it was dissected off. The dissection reached to within one centimetre of the urethra and encircled the upper two-thirds of the outlet. The part removed consisted of thick, irregular white patches; on the upper part were a few superficial ulcers, and below the surface was thin, glazed and reddish. The patient made a satisfactory recovery, and the symptoms of which she complained have disappeared.

